

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011920

1522

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED MAR 21 1963

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>                     |  |
| b. CITY (if outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>  |   | c. CITY OR TOWN <b>Kansas City</b>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>           |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>D/O/A Baptist Memorial</b>   |   | d. STREET ADDRESS (if outside, give location)<br><b>103 E 72nd</b>  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>          |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Jennie</b> Middle <b>Vi</b> Last <b>Sicolo</b>  |   | 4. DATE OF DEATH<br>Month <b>March</b> Day <b>6</b> Year <b>1963</b>  |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Mar 22 1906</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (last birthday)<br><b>56</b>  |
| 11a. FATHER'S NAME<br><b>Vincent Chirrillo</b>   |   | 11b. MOTHER'S MAIDEN NAME<br><b>Catherine Tomaino</b>   | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S.</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no or unknown) <b>No</b> (If yes, give war or dates of service)   |   | 17. INFORMANT<br><b>Tom Sicolo</b> Address <b>103 E 72nd</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>acute coronary occlusion -</b><br>DUE TO (b) <b>arteriosclerotic heart disease</b><br>DUE TO (c) <b>diabetes</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.<br>Month, Day, Year  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY <input type="checkbox"/> STATE <input type="checkbox"/> |
| 21. I attended the deceased from <b>1960</b> to <b>1963</b> and last saw her alive on <b>Feb 9th 63</b><br>Death occurred at <b>10:30 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE<br><b>James E. Griffin</b> (Degree or title)  |   | 22b. ADDRESS<br><b>3900 Pano H.C. Mo</b>  | 22c. DATE SIGNED<br><b>5/7/63</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>3-9-63</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. St. Mary's Cemetery</b>  | 23d. LOCATION (City, town, or county)<br><b>Kansas City, Mo.</b>                               |
| 24. FUNERAL DIRECTOR<br><b>SEBBETO FUNERAL HOME</b>  | ADDRESS<br><b>K. C. MO.</b>   | 25. DATE RECD. BY LOCAL REG.<br><b>3-7-63</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF James E. Griffin, Medical Certification

J.E. Duffin Jr.  
3900 Cass

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer.

Signed Forrest D. Boldenow

Licensed Embalmer No. 4714

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.